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COATS & BENNETT, PLLC 1400 Crescent Green, Suite 300 Cary, NC 27518				I hereby certify that this Feets) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below			
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APPLICATION NO. FILE	ING DATE		FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFERMATION NO
10/598,718 12/12/2007		Marco Secondin		4015-5836 / P63965/X18 9286			
TITLE OF INVENTION: SYSTEM DEMULTIPLEXING POLARIZATIO			S FOR POLARIZA	TION MODE DE	SPENSIO	ON COMPENSATION	N AND
APPLN. TYPE SMALL ES	viity is	SUE FEE DUE	PUBLICATION PEEDS	ET PREV. PAID ISS	JE PEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1510	\$300	\$0		\$1810	02/22/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	;			
PASCAL, LESLIE C		2613 398-147000		·············			
J. Change of correspondence address of CFR 1.363).  Change of correspondence addrese Address form PTO/SB/122) attached "Fee Address" indication (or "Fe PTO/SB/47; Rev 03-02 or more rec Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assignor recordation as set forth in 37 CFR 3. (A) NAME OF ASSIGNEE ETICSSON /	ee is identified be 11. Completion	dow, no assignee of this form is NO	data will appear on the F a substitute for filing (B) RESIDENCE: (CI	P patent. If an assig an assignment. TY and STATE OR	COUNT N, E	ry, Swedel	V
Please check the appropriate assignee c	ategory or catego	ries (will not be pr	inted on the patent):	Individual (	Orporati	on or other private grou	pentity Government
4a. The following fee(s) are submitted:    State Fee   Publication Fee (No small entity   Advance Order - # of Copies	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1016.						
5. Change in Entity Status (from statu a Applicant claims SMALL EN	TITY status. See	37 CFR 1.27.				UTY status. See 37 CF)	
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Typed or printed name	MRO H.	GLEEN,.	Addin	Registration	No	42,604	
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